



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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STACEY F. WINKLER

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **March 20, 2006**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Hon. Joyce Fahey
Ann E. Franzen
Helen A. Kleinberg
Daisy Ma
Wendy L. Ramallo
Sandra Rudnick
Adelina Sorkin
Dr. Harriette F. Williams
Stacey F. Winkler

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Susan F. Friedman
Dr. La-Doris McClanney
Rev. Cecil L. Murray
William Johnson (Youth Representative)

YOUTH REPRESENTATIVES

Jason Anderson

APPROVAL OF THE AGENDA

The agenda for the March 20, 2006, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the March 6, 2006, general meeting were unanimously approved as amended.

CHAIR'S REPORT

- Commissioners were reminded that their economic survey forms are due today to Elizabeth Hinton.
- The personnel committee—Chair Kleinberg, Vice Chair Rudnick, Commissioner Williams, and Commissioner Ma—met by phone for the first time this week, and Vice Chair Rudnick agreed to serve as chair.
- The Commission has been participating in the dependency court's committee to establish a pilot weekly drug court for parents, funded by a grant, for 20 cases from the Belvedere office; a small team is working with Cal Hispanic, the identified service provider. Eventually, it is hoped that all courtrooms would offer drug courts in regular sessions. The dependency court is also looking at policies regarding how DCFS provides drug and alcohol-related services to adolescents, and Dana Blackwell is attending those meetings.
- As the Commission's representative on the Policy Roundtable for Child Care, Commissioner Franzen reported that the Roundtable was considering taking a position on Proposition 82, which would provide universal preschool for four-year-olds in California. Information on the ballot measure will be distributed to all Commissioners, and Commissioner Franzen asked that they consider it carefully so she may know the Commission's stance prior to any vote at the Roundtable.
- The Commission has received accolades for its March 6 joint meeting with the Mental Health Commission; a date in June is being sought for another joint meeting.
- Mental Health Services Act (MHSA) meetings on the Probation Department are scheduled for March 28 and March 30. A meeting of the Transition-Age Youth (TAY) group is scheduled for April 10 at 10:00 a.m. MHSA delegates are meeting later today, discussing some personnel retirements from the Department of Mental Health. Michael Rauso is notifying Ms. Blackwell of all MHSA-related dates, and they are going on to Commission calendars.
- The Board of Supervisors passed a motion this week instructing the Chief Administrative Office—in partnership with the Commission for Children and Families, the Children's Planning Council, the Inter-Agency Council on Child Abuse and Neglect (ICAN), and the New Directions Task Force—to submit a plan that identifies what is required to fund, organize, test, implement, contract for, and administer a community-specific child maltreatment prevention program in Los Angeles County. The motion requires reports in July and September 2006. Commissioner Rudnick is serving as the Commission's point person; anyone wishing to participate should contact her.

Unfortunately, the motion did not include provisions for an independent consultant or additional staff from the CAO's office to be dedicated to this effort; once the study is complete, more resources may be made available, or an office in the Department of Health Services, for instance, may be identified as a lead agency for implementation. The Service Integration Bureau of the CAO's office has historically been willing to facilitate similar efforts, but not to take leadership.

- The Probation Department is preparing a strategic plan, and Commissioner Biondi and Chair Kleinberg participated in a two-hour conference call on Friday with the consulting firm hired for the process. The new Chief Probation Officer, Paul Higa, has already devised a complete redesign of the probation camps, and understands clearly that the delinquency and dependency populations are often the same families, using the same services. Between 42 and 43 percent of probation youth in "suitable placement" have come from DCFS, and it is believed that the figure for the department as a whole is close to 30 percent.
- Chair Kleinberg participated in a phone call on strategic planning for the merger of Hathaway Children's Services and The Sycamores.
- Planning is beginning for the annual partnership conference sponsored by the judges, scheduled for October 2006. Commissioner Biondi volunteered to attend the first planning meeting, on April 10 at 12:00 noon in the judges' lounge.
- The Orange County Juvenile Justice Commission has invited the Children's Commission to exchange ideas on the functions and tasks of their respective county commissions. The date for this exchange has been tentatively set for April 19 at 10:00 a.m. on the second floor of the Orange County Justice Center. Especially since many DCFS children go back and forth between the two counties, Chair Kleinberg encouraged Commissioners to sign up to attend. If enough people wish to participate but cannot make that date, it may be possible to change it.
- The Commission for Public Social Services has invited Commissioners to attend a meeting of its at-risk committee on how county departments can affect gang problems. The meeting will take place on March 30 at 10:00 at the Hall of Administration.

DIRECTOR'S REPORT

- Under California's portion of the Katie A. lawsuit, the judge has ordered the state to create funding codes under Medi-Cal for therapeutic foster care and wraparound services (wraparound has historically been paid for with a IV-E waiver funding stream). The state is contemplating an appeal of this ruling, but otherwise would have 120 days to comply. Some discussion arose as to the Commission's possible role in advocating for the state not to appeal the ruling, but the consensus was that only the Board of Supervisors could take that action.
- Some time ago, DCFS developed a desktop application that organizes information obtained from the CWS/CMS system into a one-page, web-based arrangement that

allows social workers to more efficiently plan their work. Because of this enhancement, the Federal government has threatened the state to cut-off of funding for the state's CWS/CMS System, reasoning that if counties need to develop these kinds of supports, the state has not fulfilled its responsibility of installing the right computer system. Dr. Sanders will speak with the head of the children's bureau about whether it is possible for staff to continue to use the system enhancement while the state and Federal governments resolve this conflict. He will supply the Commission with a copy of the Federal letter.

- The Department of Health and Human Services authority for granting the IV-E waiver expires on March 31; California's request has been with the Federal government for almost two years. The waiver will be granted if adoption assistance is included, which would effectively cap those funds—a significant and growing amount—in a move contrary to everything the Federal government has said it wants to see happen. The Department of Health and Human Services says it does not support this approach, but is responding to budget pressures.
- Dr. Sanders promised the Commission an updated copy of the summary of Federal and State performance measures maintained by U.C. Berkeley. Since 2002, the department has been showing improvement on all 12 measures, particularly stability and recidivism, though gains could be greater in the areas of timelines to permanency and the abuse rate in foster care. The National Center for Youth Law has compared this information across the 58 counties of the state in a move that some are calling an inappropriate use of the data. The center's 50-page document was released at a legislative hearing a couple of weeks ago, and will be distributed more widely; Dr. Sanders will provide a copy to the Commission.
- The Office of Independent Review should complete its report on the Sarah C. case, which Dr. Sanders will send to the Commission, in late March or early April.
- Dr. Sanders is participating Thursday in the first meeting of a statewide blue ribbon taskforce on foster care put together by the Chief Justice, stemming from work done nationally around the need for the courts to play a leadership role in the child welfare system.

WRAPAROUND REPORT

When Michael Rauso joined the department in 1998, wraparound pilot services were being offered to 10 children in MacLaren Children's Center. Phase one of wraparound's full implementation involved two service providers, which expanded to eight in 2001. In May 2003, the program was serving 175 children; as of last month, that number had grown to 539. DCFS, Probation, and the Department of Mental Health refer children to wraparound who are in group homes at RCL 12 or above, or who are at risk of placement there. At present, 71 percent of participants are from DCFS and 14 percent from Probation. (Because of funding, probation liaison positions were briefly discontinued, but DCFS is now paying for them through a Memorandum of Understanding.)

Since the loss of the specific Title IV-E waiver for wraparound, it has been funded through SB 163 and EPSDT monies, with a push of late to maximize EPSDT funding. (The new ruling Dr. Sanders spoke of, instructing the state to fund wraparound services through Medi-Cal, will make this easier.) In addition to the case rate, a multi-agency county pool offers flexible funds to providers, in part to support graduated families who are no longer in the system but who may be struggling once more.

Since the majority of DCFS children are being referred to wraparound from home, an FYI memo recently emphasized using the program prior to looking for other placement alternatives for children needing RCL 12 care or above, and when children at that level transition out of group homes. The plan is for wraparound services to be offered 90 days before a child is discharged, so that resources are in place for the family well before the child's return. The FYI also instructs staff to assess children in a group home for six months or more for their appropriateness for the program.

A recent RFSQ process to expand wraparound will culminate in a letter to the Board of Supervisors on April 11; contracts will be effective as of May 1. (With this increase in capacity, an influx of referrals is expected, especially now that funding issues seem to be resolved.) The RFSQ was for the first time posted for public comment, which Mr. Rauso said made it very strong. It creates a standard form and provides for interagency screening teams to approve plans of care and review cases 30 days after children are accepted into the program, and every six months thereafter, to make sure the interventions being offered are supporting them.

Mr. Rauso is part of a national wraparound initiative that is bringing experts together to make wraparound an evidence-based practice. The department tracks outcomes on four phases of the program, and is pushing to standardize these measures statewide, since every county is now doing things differently. A state conference is planned in June, and Los Angeles County may become a test pilot site for a new wraparound tool.

In 2004, the department tracked 12 random wraparound participants, and found that two years later, 11 out of the 12 are out of the system and doing well. (One went through an out-of-state adoption, and ultimately could not be provided the type of services he needed; he returned to Los Angeles County and is now in an adoptive foster home.) Another process studied two groups of 52 children—one group who had graduated from wraparound, and one who had never had wraparound, but who had graduated from RCL 12 group homes. The wraparound group had a re-placement rate of only 17 percent, and only half of those needed RCL level 12 or above. The recidivism rate for the group home children was 74 percent, and more than half of them returned to RCL 12 or above. Clearly, participants in wraparound do not need the same level of care.

Commissioner Biondi suggested writing up this comparison study in terms of dollars, to register with policy-makers that spending extra funds up front saves money in the long run. Mr. Rauso's calculations showed that, with only the 52 children studied, \$1.4 million had been saved. Even more important is the fact that children spend less time in care.

A related study followed cases from four providers who have expanded wraparound to bring the family into the center of the planning process within the group home setting—providing parent advocates to supplement the clinical team, finding and engaging the family, preparing the child and the family for reunification from the moment the child enters residential treatment. Before coming into residential wraparound, 51 youth averaged 55.5 months in residential treatment; following their enrollment in wraparound services, their average time to discharge was 5.75 months. Twenty-two youth were reunited with their families, and ten were placed in lower levels of care. Though Mr. Rauso said the data needed to be studied more closely, residential wraparound is an approach that shows promise, and could become a standard practice in residential care.

Commissioner Biondi recommended an evaluation of the 50-plus months—most of their lives—the children had spent in care prior to residential wraparound. What went wrong during those ten years? In how many places did the system fail them? Can the main practices be researched and providers be evaluated, so that ineffective approaches are not maintained? Mr. Rauso reported that the quality and assurance piece within the new RFSQ requires a three-level review process: the interagency screening teams reviewing the plan of care every six months, internal reviews within provider agencies, and a review by the Chief Administrative Office.

Procedures will also be built in for accessing monies from the multi-agency county pool, which will require an improved plan of care and a referral piece. In general, workers are expected to anticipate family needs (a new refrigerator or money to move, for example) and to look for community resources that will allow the family to thrive even after the provider steps away. In emergency situations—unexpected surgery, for instance—approval will be automatic, but this pool should be considered the ‘funds of last resort,’ so that no one becomes dependent on them.

Commissioner Biondi asked to be copied on any reports on wraparound providers the department puts together, and also commented that some children are being referred from school-based probation. Especially after the new contracts are in place in May, Mr. Rauso expects wraparound referrals from the Probation Department to rise. Contracts have a ‘no eject, no reject’ clause, so that if the child and family agree to the services, providers take all referrals. Referrals from Metropolitan State Hospital will also be possible.

The age range of wraparound participants is generally between 14 and 16, with an average stay of 18 months. They must be under the aegis of one of the referring departments to receive services, so if older participants ‘age out’ of the system at 18, providers do their best to plan for that transition and ensure that services continue.

In phase one of the program, two providers were located in SPA 6; when one ceased offering services (Starview still exists there), the terms of the original RFP did not allow the department to find another, but adjacent SPAs took over the existing caseload. When the child and the family are located in different communities, the provider is generally closer to the child, and transfers the case if the reunited family moves. Wraparound staff provide all transportation for visitation and other purposes, in any case.

Commissioner Ramallo expressed her view that the reason wraparound has had trouble expanding has little to do with any lack of probation liaisons, for instance, and more to do with the continuing need for simple referral protocols and training for line staff. Thousands of probation officers don't know that their cases are eligible, and judges aren't aware of the program as an option. Though things may have improved since then, two years ago, only 9 out of 21,000 children in Probation were enrolled in wraparound. **Commissioner Ramallo moved that DCFS be asked to return to the Commission within 30 days to present a simple, uniform protocol with criteria for wraparound referrals to be used across the three departments (DCFS, Probation, and Mental Health), as well as a recommended set of training materials for all referring personnel. Commissioner Winkler seconded the motion,** and it went to the floor for discussion.

The possibility of an overly strict protocol being used as a reason not to provide services was raised, countered by an argument for objective standards in the referral and eligibility process. Within the eligibility criteria, 'at risk of placement in RCL level 12' leaves considerable room for interpretation, and for a program that works so well, many people aren't aware of wraparound's existence. Dr. Sanders sees three elements as being important, two of which are captured by the motion: information and training, which he agreed are critical, and ease of access to services, through a protocol or other process. The third element is organizational philosophy; without that, he said, information and training will not prevail. Whatever the overall organizational philosophy espoused by managers, Commissioner Ramallo commented, line staff are still grasping for the tools—a simple checklist, perhaps—to help them do their jobs. Commissioner Fahey recommended language instructing staff to refer eligible children to wraparound, instead of merely offering wraparound as an option, since the path of least resistance means they may not make the extra effort. **The motion was unanimously approved,** and Mr. Rauso promised to return in a month with the information the Commission requested.

Gwen Delaney, a former wraparound client now working as a parent partner with Turning Point at San Fernando Valley Community Mental Health, narrated her experience with the program beginning with the pre-adoptive placement of her grandson in 2003. Upon referral to wraparound, the boy, diagnosed with ADHD and prenatally exposed to drugs, was extremely difficult to handle. Wraparound staff did a strength-based assessment and helped her learn about his disorders, connected him with therapy and activities for ADHD children, and helped with his individual education plan (IEP) at school. Now ten years old, the child is now doing well at a private school, with all his IEP goals fulfilled, and has cut back considerably on medication. He graduated from wraparound in August 2004 and his adoption was finalized that October. Because she believes so strongly in the program, Ms. Delaney quit her job of 30 years and came to work at Turning Point.

Maira Uribe, a current wraparound client at Turning Point, tearfully described her history with her two sons, emotionally disturbed as a result of their father's molestation and abuse. When she regained custody of them, the older boy exhibited out-of-control aggressiveness and the younger child was depressed and acting out sexually. A referral to wrap-

around, she said, gave her the skills she needed to handle her children and keep them at home. After two and a half years, her younger son no longer displays sexual behavior and has learned that he can speak up for himself—that people will listen to him, and he counts. After a violent incident in 2005, Ms. Uribe chose to place the older boy in residential treatment rather than lose him to the juvenile justice system, but he has changed a lot, becoming closer to his mother and younger brother. The wraparound team—which sent a male child and family specialist so the boys would have a male role model—has brought stability and joy to her household, she said, teaching her how to manage money, to stand up for herself, and to deal with her own depression.

Chitrita Bhattacharya, Director of Turning Point, worked for years in traditional mental health programs, and had quite an adjustment coming to wraparound three years ago. Now, she said, she wouldn't do anything else. A wraparound team consists of three different layers: parent partners (who have been in the system and can talk to other parents), child and family specialists (often more than one, for the referred child and any siblings), and other participants as appropriate (lawyers and therapists as well as friends, clergy, coaches, teachers, neighbors, etc.). In one case, in which the biological family of a visually impaired client did not wish her to return, the parent partner offered her a home and found her a mentor who helped with job skills. Following her graduation, she has been able to live independently and is still in touch with her wraparound child and family specialist. Turning Point clients enroll in the program for anywhere from eight months to four years, and staff follow up with them at regular intervals following their graduation. Former clients are often in touch with their parent partners or child and family specialists when children graduate from high school or achieve their GED. Relationships with agencies have also changed, Ms. Bhattacharya said, praising the liaisons from Probation, DCFS, and Mental Health, and thanking Mr. Rauso for always being available.

FAMILY GROUP DECISION-MAKING REPORT

A written report on family group decision-making (FGDM) was distributed to Commissioners. As a result of accounts from other counties that FGDM is not helpful, and hearing from facilitators that they are convening team decision-making (TDM) meetings because of failed FGDMs, the department looked at FGDM cases over a period of time to assess several factors:

- Do children have fewer re-placements after an FGDM conference?
- Are more placements being made with parents, relatives, and non-related extended family?
- Are fewer emergency response cases with substantiated allegations being generated?
- Are fewer case plans for long-term foster care being made?

One limitation on the study was the small sample of 30 available, explained Doug Hale, since open cases were difficult to access and research on closed cases requires an internal review of each from the department, plus a court order. Time was also a factor.

Supporting families after the FGDM or TDM meeting is vital, Mr. Rauso said, and the department is looking an effort in SPAs 1, 6, and 8. Sweet Alice Harris, a community activist who has run a shelter for the mentally ill for 23 years, recounted the cyclical nature of family dysfunction. When children are removed, parents don't have social workers of their own to help them accomplish what's necessary to get their children back, and need employment and housing supports at the very least. According to Rev. Ben Shortridge, he and Ms. Harris are proposing a four-stage follow-up process in which a team:

- Meets with the family prior to the FGDM or the TDM—whichever process is in play—talking to them, listing family strengths, and educating them about the system
- Attends the conference with the family to help organize the family plan
- Ensures follow-up services and screens for ongoing issues, monitoring the family on a weekly basis
- Provides after-care, linking the family to community services and helping them give back to the community

Mr. Hale explained the natural collaboration between FGDM and the Permanency Partners Program (P3) in the shift to focus more on the extended family, not just the parents, in child welfare work. The P3 worker does research for the FGDM meeting and meets the family there as a unit.

Chair Kleinberg remarked that putting the focus on the parents and providing advocacy for them was one of the recommendations of the family reunification work group, to create a cadre of people who would remain with the child after he or she left the system. An enormous support group is needed to ensure child care and transportation to court, jobs, therapy, treatment, and so on. Families feel very strongly that FGDM is the answer, and Chair Kleinberg was glad to hear that the FGDM process is not being abandoned in favor of team decision-making. (Mr. Rauso estimated that about 600 FGDM conferences have taken place to date, and more than 3,400 TDM meetings.) Commissioner Williams hopes that the mental health systems navigators can also be mentors for parents and help them move through the process. The proposal also includes an educational piece, Rev. Shortridge said, training parents to help advocate for their children's education and getting them involved in adult school.

Social workers are often seen as the enemy by parents, Ms. Harris said, who will talk to other parents much more easily than outsiders, though building good relationships with social workers is crucial. If a family has ongoing problems, parent advocates can help the family rather than simply referring them back to the department. According to Mr. Rauso, funding for that piece—supporting families whose front-end TDMs do not mandate services through the department—will be crucial.

PUBLIC COMMENT

There was no public comment.

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MEETING ADJOURNED